

# **TRICARE Fundamentals Course**

## **Module 8**

### **Transitional Benefits**

#### **Participant Guide**

#### **References**

10 U.S.C.


32 C.F.R. § 199.20

Public Law 102-484


National Defense Authorization Act, FY 1993

TRICARE Policy Manual 6010.47-M

## Module Objectives



### Module Objectives



- Describe who is eligible for Transitional Health Care Benefits
- Explain the purpose of the Continued Health Care Benefit Program
- Know what transitional health care is available to those who voluntarily separated under Special Separation Benefit or the Voluntary Separation Incentive
- Explain the importance of a Certificate of Creditable Coverage and how to obtain

## Transitional Health Care Benefits for Service Members and Their Families



### Transitional Health Care Benefits



- Service member eligibility
- Family member eligibility
- Who determines eligibility
- Which health care option
- Claims

Transitional health care benefits are available in the Military Health System for uniformed services members (and their eligible family members).

### **Service Members**

- The uniformed services member eligibility categories include the following:
  - A member who is involuntarily separated from active duty
  - A Reserve component member who is separated from active duty who was ordered to active duty for more than 30 consecutive days in support of a contingency operation
  - A member who is separated from active duty after being involuntarily retained in support of a contingency operation
  - A member separated from active duty following a voluntary agreement to stay on active duty for less than 1 year in support of a contingency mission
- If the Service member served and is due transitional health care benefits, the Service member will receive a total of 180 days of benefits through calendar year 2004.
  - Authority to make this determination is the responsibility of the Service to which the Service member is associated.
- Service members and family members must be accurately reflected in the Defense Enrollment Eligibility Reporting System (DEERS).
  - Members need to validate self and family information in DEERS before separation.
  - Members need to update their information, if applicable, during the transition (i.e., if the sponsor and family move, they need to update addresses in DEERS).
  - Ensure the contingency operation is coded in DEERS.

### **Family Members**

- Family members of eligible Service members who separated on or after January 1, 2002, are eligible for transitional health care benefits.
  - Family members have the same level of transitional health care benefits as their sponsor.
    - Except dental benefits, which are available under the separate TRICARE Dental Program, if eligible
  - Eligible family members receive the TRICARE benefit for the same 60 to 120 days after the Service member's separation date as the sponsor.

### **Who Determines Eligibility?**

- Each Service branch determines eligibility for transitional health care benefits.
  - The Service branches are Army, Air Force, Navy, Marine Corps, Coast Guard, Public Health Service, or the National Oceanic & Atmospheric Administration.
  - Active duty and Reserve component service members who are separating from active duty and need to verify their eligibility for transitional health care benefits for themselves and their family members are encouraged to contact their nearest Service personnel office for assistance
- The Service personnel representative determining eligibility provides eligibility information to DEERS.

### **Which Health Care Option?**

- TRICARE Prime (enrollment required at time of release from active duty)
  - Those members and their family members who were enrolled in TRICARE Prime while on active duty will be automatically disenrolled upon the member's release from active duty.
  - Members must actively reenroll themselves and family members if they wish to continue with this option during the transitional period.
  - No waiting period will be imposed, but members must reenroll themselves and eligible family members upon release from active duty. If not, they will continue coverage under TRICARE Standard or TRICARE Extra.

- TRICARE Prime (not enrolled at the time of release from active duty)
  - Those members and their family members who were not enrolled in TRICARE Prime before the member's release from active duty may enroll in TRICARE Prime during the transitional health care period.
  - Enrollment is subject to the "20th of the month" enrollment rule.
    - Members who enroll on or before the 20th of the month will not be eligible for health care benefits under TRICARE Prime until the first day of the month following the month of enrollment.
    - Members, who enroll after the 20th of the month, won't be eligible for care until the first day of the second month following the month of enrollment.
    - Example: the member enrolling on January 25th becomes eligible for TRICARE Prime on March 1st.
- TRICARE Standard or TRICARE Extra
  - No enrollment requirement exists.
  - Members and the family members may submit claims for care from a TRICARE-authorized provider to the managed care support contractor in their region.

### **Medical Hold Personnel**


- Background
  - All active duty personnel, to include Reserve component members on active duty orders for more than 30 consecutive days, have the highest priority for health care appointments.
    - This includes all "medical hold" personnel who are awaiting care and/or resolution of their deployment or separation status because of a medical issue.
  - The following policy as established by the Undersecretary of Defense, Personnel, dated October 29, 2003 is summarized.
- Specialty Referrals
  - Personnel on medical hold will receive specialty care services within two weeks of identifying the need for an appointment.
  - Medical commanders will promptly refer the patient to other military, Veterans Affairs, or civilian sources of care to include both TRICARE network and non-network providers.

- Lodging
  - All members of the Armed Forces who are in a “medical hold” status and are required to reside away from their private residences shall be provided uniform lodging in the quality and type for the area where they are located.
  - It is particularly important that Reserve component members on active duty receive the same quality and type of lodging and support including transportation that other active duty service members receive.
  - In all cases, the actual housing provided shall accommodate the medical condition of the member.


### Claims

Claims for eligible members and their families are processed the same as those for active duty family members.

### Continued Health Care Benefit Program (CHCBP)



## Continued Health Care Benefit Program



- Basics
- Who administers the program
- Enrollment and coverage
- Claims processing

- The Continued Health Care Benefit Program (CHCBP) is a congressionally mandated program that began on October 1, 1994, as a means to protect eligible Service members and their families in the interim between military health benefits and civilian health care.

- CHCBP is a premium-based health care program that provides medical coverage similar to TRICARE Standard for a specific period (18 to 36 months) for the following:
  - Former Service members and their families voluntarily or involuntarily separated under other than adverse conditions
    - Including Reserve component members ordered to active duty for more than 30 consecutive days in support of a contingency operation
    - Those who serve on active duty for more than 30 consecutive days but were not ordered to active duty in support of a contingency are not eligible for transitional health care benefits.
  - Certain unremarried former spouses
  - Children who lose military coverage due to age or marriage
- Eligible persons must enroll in the CHCBP within 60 days after separation from active duty or loss of eligibility for military health care and pay the quarterly premiums.

### **CHCBP Basics**

- Continuous coverage
  - Acts as a “bridge” between military health benefits and civilian health care
  - Provides temporary health care coverage following loss of military benefits
  - Uses existing TRICARE providers and follows most of the rules and procedures of TRICARE Standard
- Preexisting condition coverage
  - May allow coverage for preexisting conditions often not covered by a new employer’s benefit plan
- Benefits
  - Comparable to the TRICARE Standard benefit that covers a majority of medical conditions
  - However, coverage for some types of treatment may be limited
- Benefits not covered are listed in the TRICARE Handbook. (See What’s Not Covered appendix in Participant’s Guide.)
- Contact Humana Military Healthcare Services, (Humana) when in doubt.

### **Who Administers the Program?**

- CHCBP is a Department of Defense (DoD) sponsored program administered by Humana
- Humana is responsible for
  - Verification of health plan eligibility
  - Collection of health plan premiums
  - Enrollment of beneficiaries into CHCBP
  - Disenrollment if eligibility expires or premiums are not paid
- Humana can be contacted in writing, by phone, or via its Web site:  
Humana Military Healthcare Services  
Attn: CHCBP  
P.O. Box 740072  
Louisville, KY 40201  
1-800-444-5445, option 4  
[www.humana-military.com](http://www.humana-military.com)

### **Enrollment and Coverage**

- Eligible beneficiaries must enroll in CHCBP within 60 days following the loss of entitlement to Military Health System benefits.
- To enroll, beneficiaries are required to submit the following:
  - A completed CHCBP enrollment application form (DD Form 2837)
  - Required documentation, as indicated on the enrollment form, such as follows:
    - DD 214, Certificate of Release or Discharge from Active Duty
    - Final divorce decree, if applicable
    - DD 1173, Uniformed Services Identification Card
    - Additional information and documentation to confirm an applicant's eligibility for CHCBP
  - A premium payment for the first 90 days of health coverage
- The current premium rates are as follows:
  - \$933 per quarter for individuals
  - \$1,996 per quarter for families
- Humana will bill enrollees for subsequent quarterly premiums through their period of eligibility once they are enrolled.



- The program uses existing TRICARE providers and follows most of the rules and procedures of the TRICARE Standard program:
  - Enrollees are eligible for reduced costs associated with the TRICARE Extra program by using civilian TRICARE network providers.
  - Enrollees are not eligible for TRICARE Prime.
  - Depending on the beneficiary category, CHCBP coverage is limited to either 18 or 36 months. Eligibility periods are as follows:
    - Separating Service members and their families—18 months
    - Unremarried former spouses, emancipated children, unremarried children by adoption or legal custody (in some cases, unremarried former spouses may continue coverage beyond 36 months if they meet certain criteria)—36 months

*Note:* Enrollees may not elect the effective date of coverage under CHCBP. Coverage is effective on the day after enrollees lose their military health care benefits.

### **Claims Processing**

- Claims are submitted to the claims processor responsible for the TRICARE region in which the beneficiary lives.
- Enrollees may request their provider file medical claims on their behalf.
  - TRICARE Extra (network) providers will file for enrollees.
- If the provider does not file the claim, the enrollee has to do so.
  - This is typical for enrollees using TRICARE Standard.
  - The enrollee submits the claim form, DD Form 2642, found at this Web address: [www.tricare.osd.mil/claims/Dd2642.pdf](http://www.tricare.osd.mil/claims/Dd2642.pdf). (The enrollee can also get a copy of the form by contacting Humana or getting one from the nearest TRICARE Service Center along with the provider's bill.)
  - The claim form needs to be sent to the enrollee's appropriate regional claims processor (list below) with a copy of the enrollee's CHCBP enrollment card attached.
  - Enrollees should contact the claims processor directly if any problems exist.

#### **West**

Claims Contractor: **WPS**

Claims Mailing Address: WPS/West Region Claims

P.O. Box 77028 Madison, WI 53707-7028

Toll-free Phone for Claims: **1-888-TRIWEST (888) 874-9378**

Claims Processor's Web Site: [www.tricare4u.com](http://www.tricare4u.com)

#### **North**

Claims Contractor: **PGBA**

Claims Mailing Address: Health Net Federal Services, Inc., c/o PGBA, LLC/TRICARE,

P.O. Box 870140, Surfside Beach, SC 29587-9740

Toll-free Phone for Claims: **(800) 930-2929**

Claims Processor's Web Site: [www.mytricare.com](http://www.mytricare.com)

**South**

Claims Contractor: **PGBA**

Claims Mailing Address: TRICARE South Region, Claims Department, P.O. Box 7031, Camden, SC 29020-7031

Toll-free Phone for Claims: **(800) 403-3950**

Claims Processor's Web Site: [www.humana-military.com](http://www.humana-military.com)

**Region 1 (Northeast)**

Claims Contractor: **PGBA**

Claims Mailing Address: P.O. Box 7011, Camden, SC 29020-7011

Toll-free Phone for Claims: **1-800-578-1294**

Claims Processor's Web Site: [www.mytricare.com](http://www.mytricare.com)

**Region 2 (Mid-Atlantic)**

Claims Contractor: **PGBA**

Claims Mailing Address: P.O. Box 7021, Camden, SC 29020-7021

Toll-free Phone for Claims: **1-800-493-1613**

Claims Processor's Web Site: [www.mytricare.com](http://www.mytricare.com)

**Regions 3 (Southeast) and 4 (Gulf South)**

Claims Contractor: **PGBA**

Claims Mailing Addresses for Claims Related to the Following:

Resource Sharing P.O. Box 7033, Camden, SC 29020-7033

Mental Health P.O. Box 7034, Camden, SC 29020-7034

Active Duty P.O. Box 7035, Camden, SC 29020-7035

PFPWD (Disabilities) P.O. Box 7036, Camden, SC 29020-7036

Adjunctive Dental P.O. Box 7037, Camden, SC 29020-7037

All Other Claims P.O. Box 7031, Camden, SC 29020-7031

Toll-free Phone for Claims: **1-800-403-3950**

Claims Processor's Web Site: [www.mytricare.com](http://www.mytricare.com)

**Region 5 (Heartland)**

Claims Contractor: **PGBA**

Claims Mailing Address: P.O. Box 7021, Camden, SC 29020-7021

Toll-free Phone for Claims: **1-800-493-1613**

Claims Processor's Web Site: [www.mytricare.com](http://www.mytricare.com)

**Region 6 (Southwest)**

Claims Contractor: **WPS**

Claims Mailing Address: P.O. Box 8999, Madison, WI 53708-8999

Toll-free Phone for Claims: **1-800-406-2832**

Claims Processor's Web Site: [www.tricare4u.com/apps/tricare2/tricarehome.do](http://www.tricare4u.com/apps/tricare2/tricarehome.do)

**Region 7/8 (Central Region)**

Claims Contractor: **PGBA**

Claims Mailing Addresses by State:

Arizona	P.O. Box 870026, Surfside Beach, SC	29587-8726
New Mexico	P.O. Box 870032, Surfside Beach, SC	29587-8732
Colorado	P.O. Box 870027, Surfside Beach, SC	29587-8727
Wyoming	P.O. Box 870126, Surfside Beach, SC	29587-9726
Montana	P.O. Box 870127, Surfside Beach, SC	29587-9727
Minnesota	P.O. Box 870129, Surfside Beach, SC	29587-9729
Iowa	P.O. Box 870029, Surfside Beach, SC	29587-8729
Kansas	P.O. Box 870030, Surfside Beach, SC	29587-8730
Missouri	P.O. Box 870130, Surfside Beach, SC	29587-9730
Nebraska	P.O. Box 870128, Surfside Beach, SC	29587-9728
Nevada	P.O. Box 870033, Surfside Beach, SC	29587-8733
North Dakota	P.O. Box 870031, Surfside Beach, SC	29587-8731
South Dakota	P.O. Box 870131, Surfside Beach, SC	29587-9731
Utah	P.O. Box 870132, Surfside Beach, SC	29587-9732
Southwest Texas	P.O. Box 870133, Surfside Beach, SC	29587-9733
Idaho	P.O. Box 870028, Surfside Beach, SC	29587-8728

Toll-free Phone for Claims: **1-800-225-4816**

Claims Processor's Web Site: [www.mytricare.com](http://www.mytricare.com)

**Regions 9 (Southern California) and 10 (Golden Gate)**

Claims Contractor: **PGBA**

Claims Mailing Address: P.O. Box 870001, Surfside Beach, SC 29587-8701

Toll-free Phone for Claims: **1-800-930-2929**

Claims Processor's Web Site: [www.mytricare.com](http://www.mytricare.com)

**Region 11 (Northwest)**

Claims Contractor: **WPS**

Claims Mailing Address: TRICARE–NW, P.O. Box 8929, Madison, WI 53708-8929

Toll-free Phone for Claims: **1-800-404-0110**

Claims Processor's Web Site: [www.tricare4u.com/apps/tricare2/tricarehome.do](http://www.tricare4u.com/apps/tricare2/tricarehome.do)

**Region 12 (Hawaii)**

Claims Contractor: **PGBA**

Claims Mailing Address: P.O. Box 870001, Surfside Beach, SC 29587-8701

Toll-free Phone for Claims: **1-800-930-2929**

Claims Processor's Web Site: [www.mytricare.com](http://www.mytricare.com)

**Region 13 (Europe)**

Claims Contractor: **WPS**

Claims Mailing Address: P.O. Box 7985, Madison, WI, USA 53707-7985

Phone Number for Claims: **(608) 224-2728**

Claims Processor's Web Site: [www.tricare4u.com/apps/tricare2/tricarehome.do](http://www.tricare4u.com/apps/tricare2/tricarehome.do)

### **Region 14 (Western Pacific/Far East)**

Claims Contractor: **WPS**

Claims Mailing Address: P.O. Box 7985, Madison, WI USA 53707-7985

Phone Number for Claims: **(608) 224-2728**

Claims Processor's Web Site: [www.tricare4u.com/apps/tricare2/tricarehome.do](http://www.tricare4u.com/apps/tricare2/tricarehome.do)

### **Region 15 (Latin America and Canada)**

Claims Contractor: **WPS**

Claims Mailing Address: P.O. Box 7985, Madison, WI, USA 53707-7985

Phone Number for Claims: **(608) 224-2728**

Claims Processor's Web Site: [www.tricare4u.com/apps/tricare2/tricarehome.do](http://www.tricare4u.com/apps/tricare2/tricarehome.do)

### **Choosing a Health Care Option**

- Because choosing a health plan can be confusing and complex, a TRICARE Health Comparison Site was created.
  - Visit [www.tricare.osd.mil/tricarecomparisons/admin/index.cfm](http://www.tricare.osd.mil/tricarecomparisons/admin/index.cfm)
  - This site compares TRICARE Standard, TRICARE Extra, and TRICARE Prime to other health insurance.

### **Voluntary Separation Benefits**





## **Voluntary Separation Benefits**



- **Special Separation Benefit**
- **Voluntary Separation Incentive**

- Service members who voluntarily separated under the Special Separation Benefit (SSB) or the Voluntary Separation Incentive (VSI) are not entitled to all benefits provided to involuntarily separated members.
- Members who choose SSB or VSI (and their families) may receive health benefits by enrolling in the Continued Health Care Benefit Program we discussed at the beginning of this module.

## What Is a Certificate of Creditable Coverage?



### Certificate of Creditable Coverage

- What it does
- Who provides it
- When it is provided

- A Certificate of Creditable Coverage serves as evidence of prior health care coverage.
- It can be used to reduce or eliminate medical preexisting condition waiting periods found under a civilian employer's health plan.
  - A preexisting condition could be defined as a condition for which medical advice, diagnosis, care, or treatment is recommended or received within a certain period before an individual becomes eligible under another group health plan.
  - Basically what this means is that if a sponsor or family member has asthma, the new health plan may not cover any claims for asthma for 6 months, unless the sponsor or family member can show previous health coverage for the condition.
- The military health system (MHS) is automatically issuing a Certificate of Credible Coverage to any former Uniformed Services sponsor or family member who loses eligibility for health care benefits under TRICARE.
  - Eligibility for TRICARE may end as a result of:
    - A sponsor's separation from active duty status
    - Divorce
    - Demobilization if the sponsor is a member of the National Guard or Reserves
    - Or a dependent child reaching age 21 (23 for full-time students).

- The Defense Manpower Data Center Support Office (DSO), as custodian of DEERS, will mail a Certificate for the sponsor or family member within 5 to 10 days after eligibility has been lost.
  - As long as a current address is on file in DEERS, beneficiaries may expect to receive the Certificate within 30 days.
  - Note, retirees and eligible spouses will not automatically get Certificates of Creditable Coverage upon retirement since they retain TRICARE coverage for life.
  - Beneficiaries needing to expedite receipt of a Certificate may fax the request to DSO at (831) 655-8317 or mail to Defense Manpower Data Center Support Office (DSO), Attn: Certificate of Credible Coverage, 400 Gigling Road, Seaside, CA 93955-6771.
  - The request must include:
    - Sponsor's name and Social Security Number
    - Name of person for whom the Certificate is requested
    - Reason for the request
    - Name and address to whom and where the Certificate should be sent
    - Signature of the requester
  - Beneficiaries who have questions regarding this certificate should call the DSO at 1-800-538-9552 (TTY/TDD: 1-866-363-2883).



## TRICARE - Military Managed Health Care Program (formerly CHAMPUS)

### Certificate of Creditable Coverage

**IMPORTANT.** This certificate provides evidence of your prior health care coverage under one of the TRICARE administered programs. You may need to furnish this certificate if you become eligible under a group health plan that excludes coverage for certain medical conditions that you have before you enroll (also known as pre-existing conditions). This certificate may need to be provided if medical advice, diagnosis, care, or treatment was recommended or received for the condition within a certain time period (often six months to one year) prior to your enrollment in the new plan. If you become covered under another group health plan, check with the plan administrator to see if you need to provide this certificate. You may also need this certificate to buy, for yourself or your family, an insurance policy that does not exclude coverage for medical conditions that are present before you enroll.

1. Date of this certificate: \_\_\_\_\_
2. Participant (Sponsor) name: \_\_\_\_\_
3. Participant (Sponsor) Identification Number: \_\_\_\_\_
4. Names of individual(s) to whom this certificate applies:

Participant: _____	Dependent: _____
Dependent: _____	Dependent: _____
Dependent: _____	Dependent: _____

5. All questions concerning this certificate should be directed to:  
Defense Manpower Data Center (DMDC) Support Office  
400 Gigling Road  
Seaside, CA 93955-6771  
For further information, call: 1-800-538-9552  
TTY/TDD: 1-866-363-2883
6. If the individual(s) identified in Line 4 above has/have at least 18 months of creditable coverage, check here ☐ and skip Line 7. (Does not include any periods of coverage that occurred prior to a break in coverage of more than 63 days.)
7. Date coverage began:  
\_\_\_\_\_

8. Date coverage ended: \_\_\_\_\_ (or check if coverage  
continuing as of date of this certificate): \_\_\_\_\_


NOTE: Separate certificates will be furnished if information is not identical for the  
participant and each dependent.




## Customer Service Commentary

As service providers, we must think like a customer. Essentially, we should walk in the customer's shoes and see how they feel. This is not a difficult thing to do; we all are customers ourselves. Having said that, the only thing that really matters in customer service is what the customer perceives as being real. Perception equals reality. In conducting our daily operations, we must strive to exceed the needs and expectations of our customers. Remember, our target is the beneficiary—we must not lose sight of that target. If we do, we have failed in our pursuit of delivering exceptional customer service. Remember, do the right thing, and the rest will take care of itself!

## Summary



### Module Objectives



- Describe who is eligible for Transitional Health Care Benefits
- Explain the purpose of the Continued Health Care Benefit Program
- Know what transitional health care is available to those who voluntarily separated under Special Separation Benefit or the Voluntary Separation Incentive
- Explain the importance of a Certificate of Creditable Coverage and how to obtain